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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited in the United States Postal Service as first class mail in the envelope addressed to: Mail Stop 16, Director of the U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, Virginia, 22313-1450, on

3/24/05

Date of Deposit

SJ

Attorney

41,733
Reg. No.

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:

Applicant : Roger Edwin Clarke et al.
Appln. No. : 10/524,597
Filed : February 15, 2005
Title : LOCATING SYSTEM, DEVICE AND METHOD
Docket No. : 534334-058

Mail Stop 16
Director of the U.S. Patent and Trademark Office
P.O. Box 1450
Alexandria, Virginia 22313-1450

**REQUEST FOR REFUND
(IMPROPER CHARGE OF DEPOSIT ACCOUNT)**

I. REFUND REQUEST

This is a request for a refund, with respect to the charge to Deposit Account 20-0809, shown on the statement for the month of February, 2005, for the above-identified application. A copy of the monthly statement, in which the error referred to occurs, accompanies this request.

II. FEES CHARGED FOR WHICH REFUND REQUESTED

02/23/05	National Stage Examination Fee (Fee Code 2633) :	\$10.00
02/23/05	Recording Patent Assignment (Fee Code 8021) :	<u>\$40.00</u>

TOTAL REFUND REQUESTED : \$50.00

Appln. No.: 10/524,597
Docket No.: 534334-058
Request for Refund
(Improper Charge of Deposit Account)

III. EXPLANATION OF WHY CONTESTED CHARGE IS IN ERROR

Attached is a copy of the Transmittal Letter to the United States Designated/Elected Office (DO/EO/US) Concerning a Submission Under 35 U.S.C. 371. A review of the Transmittal Letter indicates that the following fees were correctly calculated as follows:

02/23/05	National Stage Examination Fee (Fee Code 2633) :	\$200.00
02/23/05	Recording Patent Assignment (Fee Code 8021) :	\$ 40.00

A copy of the check submitted with the Transmittal Letter (Check No. 10042 dated 02/14/05) in the amount of \$490 is also attached hereto.

Accordingly, Applicant respectfully submits that the fees payable was calculated correctly by the Applicant and that the correct amount was submitted to the U.S. Patent and Trademark Office.

IV. MANNER OF REFUND

Please make refund by crediting Deposit Account 20-0809.

Respectfully submitted:

By: _____


Steven J. Elleman
Reg. No. 41,733

THOMPSON HINE LLP
2000 Courthouse Plaza N.E.
10 West Second Street
Dayton, Ohio 45402-1758
Telephone: (937) 443-6838
Facsimile: (937) 443-6635



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Trademark Office**

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Deposit Account Statement

Requested Statement Month: February 2005

Deposit Account Number: 200809

Name: THOMPSON HINE LLP

Attention: MARK P. LEVY ESQ.

Address: P.O BOX 8801

City: DAYTON

State: OH

Zip: 45401

DATE	SEQ	POSTING REF	ATTORNEY DOCKET NBR	FEE CODE	AMT	BAL
02/01	69	E-REPLENISHMENT	9203		-\$1,975.00	\$6,358.00
02/01	740	10970598	6205670040	8021	\$40.00✓	\$6,318.00
02/02	187	76606041	068881-006CN	8507	\$15.00✓	\$6,303.00
02/02	188	76606042	068881-006CN	8507	\$15.00✓	\$6,288.00
02/02	189	76606043	068881-006CN	8507	\$15.00✓	\$6,273.00
02/03	10	10848782	620567-041	8021	\$40.00✓	\$6,233.00
02/03	16	60609741	533958-006P	8021	\$40.00✓	\$6,193.00
02/04	192	60525506	027262-195-P	8021	\$40.00✓	\$6,153.00
02/08	2	10845432		8021	\$40.00✓	\$6,113.00
02/08	8	78461211	066957-001	8507	\$120.00✓	\$5,993.00
02/09	16	29221024	10041-41179	2312	-\$15.00	\$6,008.00
02/09	19	29221024	10041-41179	1112	\$100.00	\$5,908.00
02/09	20	29221024	10041-41179	1312	\$130.00	\$5,778.00
02/10	69	29216770		8021	\$40.00✓	\$5,738.00
02/10	71	10996703	006593-30613	8021	\$40.00✓	\$5,698.00
02/10	73	10999097	006593-1985	8021	\$40.00✓	\$5,658.00
02/10	75	10991629		8021	\$40.00✓	\$5,618.00
02/17	194	10844146	100041-41214	8007	\$160.00	\$5,458.00
02/23	5	10744767	042515-006	2253	\$510.00	\$4,948.00
02/23	6	10744767	042515-006	1806	\$180.00	\$4,768.00
02/23	7	10744767	042515-006	2201	\$500.00	\$4,268.00
02/23	8	10744767	042515-006	2202	\$275.00	\$3,993.00
02/23	293	10524597	534334-XXX	2633	\$10.00	\$3,983.00
02/23	295	10524597	534334-XXX	8021	\$40.00	\$3,943.00
02/24	23	E-REPLENISHMENT	9203		-\$759.00	\$4,702.00

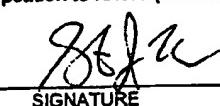
START BALANCE	SUM OF CHARGES	SUM OF REPLENISH	END BALANCE
\$4,383.00	\$2,430.00	\$2,749.00	\$4,702.00

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A SUBMISSION UNDER 35 U.S.C. 371		ATTORNEY'S DOCKET NUMBER 534334-XXX
INTERNATIONAL APPLICATION NO. PCT/GB2003/003510	INTERNATIONAL FILING DATE 12 August 2003 (12.08.2003)	PRIORITY DATE CLAIMED 15 August 2002 (15.08.2002)
TITLE OF INVENTION LOCATING SYSTEM, DEVICE AND METHOD		
APPLICANT(S) FOR DO/EO/US Roger Edwin Clarke, Linda Joyce Clarke, Simon Giles Clarke, Peter John Lillie, and Terence James Blaney		
Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:		
<ol style="list-style-type: none"> 1. <input checked="" type="checkbox"/> This is a FIRST submission of items concerning a submission under 35 U.S.C. 371. 2. <input type="checkbox"/> This is a SECOND or SUBSEQUENT submission of items concerning a submission under 35 U.S.C. 371. 3. <input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below. 4. <input checked="" type="checkbox"/> The US has been elected (Article 31). 5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2)) <ol style="list-style-type: none"> a. <input checked="" type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau). b. <input checked="" type="checkbox"/> has been communicated by the International Bureau. c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US). 6. <input type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)). <ol style="list-style-type: none"> a. <input type="checkbox"/> is attached hereto. b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4). 7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)) <ol style="list-style-type: none"> a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau). b. <input type="checkbox"/> have been communicated by the International Bureau. c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired. d. <input checked="" type="checkbox"/> have not been made and will not be made. 8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)). 9. <input checked="" type="checkbox"/> An oath or declaration of the Inventor(s) (35 U.S.C. 371(c)(4)). 10. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)). <p>Items 11 to 20 below concern document(s) or information included:</p> <ol style="list-style-type: none"> 11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98. 12. <input checked="" type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included. 13. <input checked="" type="checkbox"/> A preliminary amendment. 14. <input type="checkbox"/> An Application Data Sheet under 37 CFR 1.76. 15. <input type="checkbox"/> A substitute specification. 16. <input type="checkbox"/> A power of attorney and/or change of address letter. 17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821- 1.825. 18. <input type="checkbox"/> A second copy of the published International Application under 35 U.S.C. 154(d)(4). 19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4). 20. <input checked="" type="checkbox"/> Other items or information: return postcard 		

This collection of information is required by 37 CFR 1.414 and 1.491-1.492. The information is required to obtain or retain a benefit by the public, which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 15 minutes to complete, including gathering information, preparing, and submitting the completed form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop PCT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

U.S. APPLICATION NO. (if known, see 37 CFR 1.5)		INTERNATIONAL APPLICATION NO. PCT/GB2003/003510		ATTORNEY'S DOCKET NUMBER 534334-XXX	
				CALCULATIONS PTO USE ONLY	
The following fees have been submitted					
21. <input checked="" type="checkbox"/> Basic national fee..... \$300				\$ 300.00	
22. <input checked="" type="checkbox"/> Examination fee If International preliminary examination report prepared by USPTO and all claims satisfy provisions of PCT Article 33(1)-(4)..... \$100 All other situations..... \$200				\$ 200.00	
23. <input checked="" type="checkbox"/> Search fee Search fee (37 CFR 1.445(a)(2)) has been paid on the international application to the USPTO as an International Searching Authority..... \$100 International Search Report prepared and provided to the Office..... \$400 All other situations..... \$500				\$ 400.00	
				\$ 900.00	
TOTAL OF 21, 22 and 23 =					
<input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.					
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof (round up to a whole number)		RATE	
- 100 =	/50 =			x \$250	
Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(h)).				\$.00	
CLAIMS				NUMBER FILED	
Total claims				20 - 20 = 0	
Independent claims				3 - 3 = 0	
MULTIPLE DEPENDENT CLAIM(S) (if applicable)				+ \$360	
				\$.00	
TOTAL OF ABOVE CALCULATIONS =				\$ 900.00	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Fees above are reduced by 1/4.				450.00	
				SUBTOTAL = \$ 450.00	
Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(l)).				\$.00	
				TOTAL NATIONAL FEE = \$ 450.00	
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property				\$ 40.00	
				TOTAL FEES ENCLOSED = \$ 490.00	
				Amount to be refunded:	\$
				Amount to be charged:	\$
<p>a. <input checked="" type="checkbox"/> A check in the amount of \$ <u>490.00</u> to cover the above fees is enclosed.</p> <p>b. <input type="checkbox"/> Please charge my Deposit Account No. _____ in the amount of \$ _____ to cover the above fees. A duplicate copy of this sheet is enclosed.</p> <p>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>20-0809</u>. A duplicate copy of this sheet is enclosed.</p> <p>d. <input type="checkbox"/> Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>					
NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.					
SEND ALL CORRESPONDENCE TO: Theodore D. Lienesch Thompson Hine LLP 2000 Courthouse Plaza NE 10 West Second Street Dayton, Ohio 45401-8801 Telephone (937) 443-6958					
 SIGNATURE Steven J. Elleman NAME Date: 14 February 2005 41,33 REGISTRATION NUMBER					

For security purposes, the border of this document contains microprinting

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HINE

THOMPSON HINE LLP
PATENT ACCOUNT
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PLEASE STAMP OR OTHERWISE INDICATE DATE OF
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Papers: Transmittal Letter re US Filing Under 35 USC 371; copy of published international application No. PCT/GB2003/003510; copy of executed Declaration and Power of Attorney by inventors; Preliminary Amendment; Recordation Form Cover Sheet and Assignment to Kiddielink Limited; Information Disclosure Statement; 2 references; and \$490 check

Inventor(s): Roger Edwin Clarke et al.

Title: LOCATING SYSTEM, DEVICE AND METHOD

Appn. No.: based on PCT/GB2003/003510 filed 12 August 2003

Docket No.: 534334-XXX

Due Date: 15 February 2005

Client Name: Marks & Clerk

tdl/sje/ami

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

10/2/05

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>3/29/05</u>		2 Serial/Patent # <u>524597</u>	
3 Please refund the following fee(s): <input checked="" type="checkbox"/> Filing <u>Fee for Change</u>		4 PAPER NUMBER	5 DATE FILED
			\$ 50
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
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<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$ <u>50</u>
		7 TOTAL AMOUNT OF REFUND	\$ <u>50</u>
		8 TO BE REFUNDED BY:	
<input checked="" type="checkbox"/> Overpayment		Treasury Check	
<input type="checkbox"/> Duplicate Payment		<input checked="" type="checkbox"/> Credit Deposit A/C #: 9 <u>20--0809</u>	
10 REASON: <input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation):			
11 REFUND REQUESTED BY: TYPED/PRINTED NAME: <u>Rita White</u> SIGNATURE: <u>Rita White</u> OFFICE: <u>DO/EO</u>		TITLE: <u>Legal Intern Examiner</u> PHONE: <u>7308-9140 ext 23</u>	
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